Gowrie NewSouthWales

ENROLMENT FORM

PLEASE COMPLETE FORM USING BLOCK LETTER OR CLEAR WRITING

Centre Name: ....

Days of attendance: ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri **Start date:** D D / M M / Y Y Y Y

CHILD'S INFORMATION

Given name ....

Family names ....

Former / other names ....

Gender M F

Date of birth D D / M M / Y Y Y Y

CRN ....

Place of birth ....

Residential address .... Postcode

Cultural background ....

Home language spoken ....

Is your child ☐ Aboriginal ☐ Torres Strait Islander ☐ both

Language Group ....

Is your child attending another childcare centre? ☐ No ☐ Yes

PARENT / GUARDIAN 1 INFORMATION

Given name ....

Family names ....

Relationship to child ....

Date of birth (requirement of CCB) D D / M M / Y Y Y Y

CRN ....

Country of birth..............................

Residential address .... Postcode

Home phone Mob Work

Email ....

Occupation ....

Place of employment or study..............................

Work starts ....

Work finishes ....

Home languages spoken ....

Aboriginal ☐ Torres Strait Islander ☐ Both ☐

Concession / Health Care card holder? ☐ No ☐ Yes

Preferred contact method ☐ Home Phone ☐ Mobile ☐ Email ☐ Work Phone

Billing master ☐

PARENT / GUARDIAN 2 INFORMATION

Given name ....

Family names ....

Relationship to child ....

Date of birth (requirement of CCB) D D / M M / Y Y Y Y

CRN ....

Country of birth..............................

Residential address .... Postcode

Home phone Mob Work

Email ....

Occupation ....

Place of employment or study..............................

Work starts ....

Work finishes ....

Home languages spoken ....

Aboriginal ☐ Torres Strait Islander ☐ Both ☐

Concession / Health Care card holder? ☐ No ☐ Yes

Preferred contact method ☐ Home Phone ☐ Mobile ☐ Email ☐ Work Phone

Billing master ☐

FAMILY STATUS

☐ Both parents at home ☐ Sole Parent ☐ Shared Custody ☐ Other

....

CUSTODY ARRANGEMENTS

If you are separated or divorced, who has legal custody of the child? ☐ Parent 1 ☐ Parent 2 ☐ Both

Parent 1 access arrangements ☐ Full ☐ Limited ....

Parent 2 access arrangements ☐ Full ☐ Limited ....

Are there any court orders relating to the powers/responsibilities of the parents in relation to the child access to the child?
☐ No ☐ Yes

Please provide a copy of any relevant Court Order and a photo of any person who is the subject of a Court Order relating to the child.

EMERGENCY CONTACTS AND AUTHORISATIONS

In case of emergency and we are unable to contact either parent, we are required to have a list of other people who are emergency contacts for your child. These people must be able to authorise consent of medical treatment, approve hospital or ambulance service or approve the administration of medication to your child in case of emergency. Please provide at least one contact.

Name .... Relationship to child ....

Address .... Postcode ☐☐☐☐

Contact phone number ☐☐☐☐☐☐☐☐☐☐ Mobile ☐☐☐☐☐☐☐☐☐☐

Name .... Relationship to child ....

Address .... Postcode ☐☐☐☐

Contact phone number ☐☐☐☐☐☐☐☐☐☐ Mobile ☐☐☐☐☐☐☐☐☐☐

ALTERNATIVE CHILD PICK-UP DETAILS

The following people listed below are who you have nominated to collect your child from the service who will be over 18 years of age. We cannot allow any person to pick up your child without your written authorisation. If the person is unknown to staff the person will be required to provide identification including a photograph to confirm their identity.

Name .... Relationship to child ....

Address .... Postcode ☐☐☐☐

Contact phone number ☐☐☐☐☐☐☐☐☐☐ Mobile ☐☐☐☐☐☐☐☐☐☐

Name .... Relationship to child ....

Address .... Postcode ☐☐☐☐

Contact phone number ☐☐☐☐☐☐☐☐☐☐ Mobile ☐☐☐☐☐☐☐☐☐☐

HEALTH & MEDICAL INFORMATION

The following information is required to assist to best meet the health needs of your child. If your child has a specific health care need, allergy or relevant medical condition you will be required to provide us with a medical management plan and specific information on how to best care for your child in the case of an incident. This plan will be followed in event of any incident relating your child's specific health care need, allergy or relevant medical condition.

Your Medicare number ☐☐☐☐☐☐☐☐☐☐ Your Health Care Card number ☐☐☐☐☐☐☐☐☐☐

Name of your family doctor (Registered Medical Practitioner) ....

Your doctor's address .... Postcode ☐☐☐☐

Doctor's phone number ☐☐☐☐☐☐☐☐☐☐

Name of your family dentist ....

Your dentist's address .... Postcode ☐☐☐☐

Dentist's phone number ☐☐☐☐☐☐☐☐☐☐

Are you in a Private Health Fund ☐ No ☐ Yes Fund name ....

Ambulance subscription ☐ No ☐ Yes

Has your chlid been diagnosed at risk of Anaphylaxis? ☐ No ☐ Yes

Does your child have any known allergies? eg food, medication, animal or insect. ☐ No ☐ Yes

If your child has allergies what is he/she allergic to? ....

Please provide a management plan: ....

Does your child have asthma?. ☐ No ☐ Yes

Please provide an asthma management plan: ....

Does your child have dietary requirements ☐ No ☐ Yes Please provide further information.

....

Does your child have any problems wither hearing, sight, speech? ☐ No ☐ Yes Please provide further information.

....

Does your child have any health problems, operations or ongoing illnesses? ☐ No ☐ Yes Please provide further information.

....

Does your child requiring ongoing medication? ☐ No ☐ Yes Please provide further information.

....

Does your child have a physical disability or delay including intellectual, sensory or physical impairment? ☐ No ☐ Yes

Please provide further information. ....

Does either parents have a disability? ☐ No ☐ Yes Please provide further information.

....

Do you have any concerns about any aspects of your child's development? ☐ No ☐ Yes If yes, please help us by providing some further information. The Director/Coordinator will meet with you to discuss these concerns in more details.

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IMMUNISATION

Has your child been immunised ☐ No ☐ Yes Immunisation information attached ☐ No ☐ Yes

We are required to keep records of your child's immunisation on file. Please provide evidence of your child's immunisation details history statement to be held on file. These records will need to be updated as children are given further immunisations. If your child is not immunised and an outbreak occurs in the centre, he/she may be excluded from attending until the outbreak has passed. Information on immunisation register can be found at www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register

ROUTINES

Has your child begun toilet learning? ☐ No ☐ Yes

Is your child used to being with other children? ☐ No ☐ Yes

Is your child used to being with other adults? ☐ No ☐ Yes

Is this the first time your child has been cared for by someone other than a family member? ☐ No ☐ Yes

Are there any aspects of your childs cultural, ethnic, and/or religious background that you would like us to be aware of? ☐ No ☐ Yes

Please provide further information. ....

Are there any religious activities the staff should be aware of? ☐ No ☐ Yes

Please provide further information. ....

THIRD PARTY BILLING DETAILS (NOMINATED THIRD PARTY TO PAY FEES)

Third party fees are charged at full fees

Name on invoice ....

Address .... Postcode ☐☐☐☐

Email ....

Phone .... Contact person ....

I consent for child care fees to be paid by a nomiated third party and undertsand I am liable for any unpaid fees not paid by the third party.

FEES AND COMMUNICATION

How would you like to receive your invoice? ☐ Emailed ☐ Hard Copy

How would you like to pay? ☐ Direct Deposit ☐ Direct Debit ☐ Centre Pay

How would you like to receive your notifications? ☐ Electronic ☐ Hard Copy

AUTHORISATIONS

Consent for administration of First Aid, paracetamol and sunscreen.

I hereby give permission for staff to administer paracetamol to my child should they have a fever over 38 degrees Celsius and is in discomfort or pain and all other methods used to lower the temperature have failed. I understand that the staff will advise me if paracetamol is administered to my child and I will be required to collect my child immediately from the centre.

Parent / Guardian signature Date | Parent / Guardian signature Date

I hereby give permission for basic first aid supplies to be used in the event of first aid is required for my children. Each centre has a WorkCover approved first aid kit.

Parent / Guardian signature Date | Parent / Guardian signature Date

I hereby give permission for staff to apply NSW Cancer Council approved SPF 30+ sunscreen to my child.

Parent / Guardian signature Date | Parent / Guardian signature Date

Permission for staff to act in an emergency.

I authorise staff to seek emergency, medical, dental or hospital treatment for my child due to an accident or illness. This may include staff following the direction of medical personal and / or transport by ambulance to the hospital. In the event of an accident or illness requiring emergency treatment, every effort will be made to contact the parents/guardians listed as those as alternative contact persons.

Parent / Guardian signature Date | Parent / Guardian signature Date

Permission for publicity and display.

I consent to my child's photograph, video image and or artwork with my child's first name and age being used for publicity for Gowrie NSW. As well as in organisation publications, this information may also be included on the Gowrie website, social media, digital documentation and annual reports.

Parent / Guardian signature Date | Parent / Guardian signature Date

I give permission for my child's work, including photographs, observations and learning stories to be displayed in the centre. This may be in written or digital form.

Parent / Guardian signature Date | Parent / Guardian signature Date

If photographs are requested by the media, parental consent specific to each occasions will be sought.

PARENT AGREEMENT

I understand that Gowrie NSW policies and procedures are available in the centre. I have read and understood the Gowrie NSW Family Handbook including the information relating to payment of fees.

Parent / Guardian signature Date | Parent / Guardian signature Date

Gowrie NSW abides by the principles of the Privacy and Personal Information Act 1988.